

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315488	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MADISON AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE 151 MADISON AVENUE MORRISTOWN, NJ 07960	
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F 000	INITIAL COMMENTS Survey Date: 4/27/21 Census: 92 Sample: 27 +3 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. A COVID-19 Focused Infection Control Survey was conducted by the New Jersey Department of Health. The facility was found to be not in compliance with 42 CFR §483.80 infection control regulations as it relates to the implementation of the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to hold the prescribed medication [redacted] (a medication to treat [redacted] Executive Order 26, 4.b) for [redacted] Executive Order 26, 4.b) Resident's reviewed (Resident [redacted] & [redacted] Executive Order 26, 4.b). This deficient practice was evidenced by the following:	F 658	Resident # [redacted] Executive Order 26, 4.b) was reviewed by the [redacted] Executive Order 26, 4.b) Plan [redacted] Executive Order 26, 4.b) team and the Physician. No changes to the orders were recommended. There were no [redacted] Executive Order 26, 4.b) and the resident [redacted] Executive Order 26, 4.b) Resident [redacted] Executive Order 26, 4.b) drug regimen was reviewed by the [redacted] Executive Order 26, 4.b) team and	5/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
05/11/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 4/16/21 at 1:05 PM, the surveyor observed Resident # [redacted] in a [redacted] chair, a tilt-in-space positioning wheelchair, in the day room. The surveyor attempted to speak with the resident however the resident's speech was not organized.</p> <p>On 4/21/21 at 9:41 AM, the surveyor observed Resident [redacted] reclined in a [redacted] chair sleeping, in the hallway across from the nurse's station.</p>	F 658	<p>Physician. On 4/28/2021 the Physician changed the order. There were no adverse effects and the resident is stable.</p> <p>A resident having a hold parameter for [redacted] Executive Order 26, 4.0 may have the potential to be affected. An audit of medications and parameters was completed.</p> <p>Nurses administering medications were provided education related to medication administration and medications that may have a hold parameter. Symbols used for hold parameters "<" and ">" were changed to the verbiage "less than" and "greater than".</p> <p>The Director of Nursing or designee will complete and audit of Medication Administration Records of three patients weekly x4 weeks, then three patients twice monthly for two months for those patient with hold parameters. The results of the audits will be submitted monthly for three months to the QAPI Committee for review and to determine if further action to the plan is needed.</p>		

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F 658	<p>Continued From page 2</p> <p>The resident was dressed with their feet resting on the footrest. The resident had anti-slip gripper socks on their feet. The resident appeared to be resting comfortably.</p> <p>On 4/22/21 at 1:49 PM, the surveyor observed Resident [redacted] in the dayroom reclined in a [redacted] chair and dressed in sweat suit with gripper socks on their feet. The resident was watching television with activities staff who had put on a colored ball light and aroma therapy.</p> <p>On 4/26/21 at 9:31 AM, the surveyor reviewed the [redacted] Executive Order 26, 4.b. of Resident [redacted] which revealed they were admitted [redacted] Executive Order 26, 4.b.</p> <p>[redacted]</p> <p>Review of the active [redacted] Executive Order 26, 4.b. Report revealed a [redacted] Executive Order 26, 4.b. order for: [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b.</p> <p>[redacted]</p> <p>The surveyor then reviewed the Medication Administration Record (MAR) for [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. and [redacted] Executive Order 26, 4.b. which revealed the following:</p> <p>The MAR for period [redacted] Executive Order 26, 4.b. revealed the medication [redacted] Executive Order 26, 4.b. was administered to Resident [redacted] Executive Order 26, 4.b. when their [redacted] Executive Order 26, 4.b. [redacted] Executive Order 26, 4.b. the following days as indicated by a check mark:</p>	F 658		

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F 658	<p>Continued From page 3</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>The MAR for period Executive Order 26, 4.b. revealed the medication Executive Order 26, 4.b. Resident Executive Order 26, 4.b. when their BP was above the prescribed Executive Order 26, 4.b. on the following days:</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>The MAR for period Executive Order 26, 4.b. revealed the medication Executive Order 26, 4.b. was administered to Resident Executive Order 26, 4.b. when their Executive Order 26, 4.b. on the following days:</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>2. On 4/19/21 at 12:51 PM, the surveyor</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>observed Resident [redacted] in bed with a lunch tray on the overbed table and talking to a Certified Nursing Assistant (CNA). On 4/21/21 at 12:47 PM, the surveyor observed Resident [redacted] in bed with the head of the bed elevated. The resident offered no complaints and stated that they, "feel good."</p> <p>On 4/24/21 at 9:56 AM, the surveyor reviewed the [redacted] Record of Resident [redacted], which revealed they were originally [redacted] and then [redacted] with diagnoses [redacted]</p> <p>Review of the active [redacted] Summary Report revealed a physician's order for: [redacted] greater than [redacted].</p> <p>The surveyor then reviewed the [redacted] Record (MAR) for [redacted], and [redacted], which revealed the following:</p> <p>MAR for period [redacted] revealed the medication [redacted] was administered to Resident # [redacted] when their [redacted] was [redacted] the prescribed [redacted] on the following days, as indicated by a check mark:</p> <p>[redacted]</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED]</p> <p>The MAR for period Executive Order 26, 4.b. revealed the medication Executive Order 26, 4.b. was Executive Order 26, 4.b. Resident Executive Order 26, 4.b. when their Executive Order 26, 4.b. the prescribed Executive Order 26, 4.b. on the following days:</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED]</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED]</p> <p>The MAR for period Executive Order 26, 4.b. revealed the medication Executive Order 26, 4.b. was administered to Resident Executive Order 26, 4.b. when their Executive Order 26, 4.b. was Executive Order 26, 4.b. the prescribed Executive Order 26, 4.b. on the following days:</p> <p>Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>On 4/26/21 at 3:26 PM, the surveyor interviewed the Director of Nursing (DON), in the presence of</p>	F 658		

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F 658	<p>Continued From page 6</p> <p>the Licensed Nursing Home Administrator and other surveyors; she stated that the medication [redacted] was used for a low heart rate and blood pressure. There were parameters for the medication depending on the order and it was not to be given if the blood pressure was at a certain level. She further stated it was a guideline of when to give and when to hold it. The DON confirmed that the check mark on the MAR meant that the medication was administered and the initials following the check mark indicated the nurse that administered the medication.</p> <p>On 4/27/21 at 9:35 AM, the DON confirmed that the medication [redacted] was administered in error and outside the parameters by different nurses, on different days, and on different shifts for Resident # [redacted] and Resident # [redacted]. She also added that the facility Medication Administration policy did not contain information specific to parameters, but that the facility's pharmacy group had a policy that addressed parameters.</p> <p>The surveyor then reviewed the consultant pharmacy group form titled, Medication Administration Observation Quality Improvement Program, that revealed the following under the Medication Administration section:</p> <p>Appropriate vital signs are taken and recorded prior to preparing and administering medications.</p> <p>At 9:39 AM, the surveyor reviewed the facility policy titled, Documentation of Medication Administration, with a revised date of April 2007. It read as follows under the Policy Interpretation and Implementation section:</p> <p>1. A Nurse of Certified Medication Aide (where</p>	F 658		

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F 658	Continued From page 7 applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR). 2. Administration of medication must be documented immediately after (never before) it is given. 3. Documentation must include, as a minimum: a. Name and strength of the drug; b. Dosage; c. Method of administration (e.g., oral, injection (and site), etc.); d. Date and time of administration; e. Reason(s) why a medication was withheld, not administered, or refused (as applicable); f. Signature and title of the person administering the medication; and g. Resident response to the medication, if applicable (e.g., PRN, pain medication, etc.). The surveyor then reviewed the policy provided by [Provider Pharmacy], the facility's pharmacy, titled, General Guidelines for the Administration of Medications, with an effective date of January 2015, which read under Procedure, number 7: The nurse takes and records any necessary vital signs as indicated for the order on the Medication Administration Record (pulse, BP, etc.). If vital sign readings are outside the parameters established by the medication order and/or facility policy, the nurse will hold the medication and if necessary, contact the physician for further instruction.	F 658			
F 880 SS=D	N.J.A.C. 8:39-11.2(b) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		5/15/21	

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F 880	<p>Continued From page 8</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, 	F 880			

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F 880	<p>Continued From page 9</p> <p>depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to a.) wear the appropriate personal protective equipment (PPE) inside a resident's room on Transmission Based Precautions (TBP) and, b.) conduct hand hygiene between tasks and after the removal of gloves for 1 of 6 residents (Resident [REDACTED]) reviewed on TBP.</p> <p>This deficient practice was evidenced by the following:</p>	F 880	<p>The employee that was observed not utilizing PPE was immediately educated on Infection Control general practice, which includes donning required PPE inside of a resident's room on Transmission Based Precautions (TBP). Employee was also educated on conducting hand hygiene between tasks and after the removal of gloves. Resident #135 had no adverse effects.</p> <p>Residents on TBP have the potential to be</p>		

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F 880	<p>Continued From page 10</p> <p>On 4/16/21 beginning at 10:21 AM, the surveyor conducted the Entrance Conference with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) when the Cohort Plan for the building was revealed as follows:</p> <p>Executive Order 26, 4.b. Naïve, negative, recovered, and vaccinated. Staff were to wear goggles or face shield and surgical mask at minimum.</p> <p>Executive Order 26, 4.b. - Unknown or potentially incubating, New Admission/Re-Admission and not COVID-19 recovered. Staff were to wear a N95 or KN95, no need to cover with surgical mask, face shield or goggles and a gown and gloves with high contact activity. If only going in to give medication or water, no gown was required.</p> <p>Executive Order 26, 4.b. - Person Under Investigation (PUI) in house and having symptoms and point of care (POC) positive, awaiting PCR result. Staff were to wear a N95 covered by a surgical mask, face shield or goggles, gown, and gloves and optional hair covering.</p> <p>On 4/20/21 at 11:08 AM, the surveyor observed Resident Executive Order 26, 4.b. room in the area identified by signs as the Executive Order 26, 4.b. and there was a sign with STOP by the door to the room and an overdoor bin with PPE that contained reusable gowns and gloves. The surveyor observed a staff member in the room wearing an N95 mask and gloves removing a garbage bag from the can in the room. The staff member then placed the garbage bag into the can on his cart which was in the hallway, outside the resident's room. With the same gloved hands, the staff member grabbed a</p>	F 880	<p>affected, no other residents were affected.</p> <p>A Root Cause Analysis was conducted. The housekeeper did not wash his hands after removing his gloves because he became "nervous" when he realized the "surveyor was watching" him. The housekeeper wanted to "quickly put on a clean pair of gloves". The housekeeper who did not follow the procedure to wear a gown and eye protection in a resident room with transmission based precautions, did so out of simple human error.</p> <p>Module 1- Infection Prevention and Control Program was provided to top line staff and the Infection Preventionist. Top line staff are as follows: Administrator, Director of Nursing, Infection Preventionist, Director of Environmental Services, Director of Housekeeping, Director of Rehabilitation, Director of Culinary Services, Business Office Manager, Director of Clinical Services, Director of Activities, Unit Managers, Director of Admissions.</p> <p>CDC COVID-19 Video- Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out was provided to both Top Line and Front Line staff. Front Line Staff consists of RN's, LPN's CNA's, Dietary aides, Cooks, Recreation Assts. Rehabilitation staff, Housekeeping and laundry staff, Maint, receptionists.</p> <p>CDC COVID 19 Prevention Messages for Front Line Long-Term Care Staff: Use</p>		

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F 880	<p>Continued From page 11</p> <p>roll of paper towels from his cart and re-entered Resident # [redacted] room. The staff member then returned to his cart, grabbed the mop and proceeded to mop the resident's floor. He then returned the mop to the cart, removed his gloves, and without conducting hand hygiene, pushed the cart down the hallway of the [redacted], stopped outside room [redacted], and reached into the room without fully entering and removed a cardboard box that was by the door and placed it on the top his cart. The staff member then began to push his cart down the hallway again.</p> <p>At 11:14 AM, the surveyor interviewed the staff member who identified themselves as a Housekeeper and he confirmed that he was wearing an N95 mask and no eye protection. He also confirmed that he did not have a gown or eye protection on when he was in Resident [redacted] room. The Housekeeper confirmed that he should have worn a gown when he was in a resident room in the [redacted]. The Housekeeper then removed a face shield from his cart when asked if he should have been wearing eye protection in Resident # [redacted] room. The Housekeeper then proceeded to put the face shield on over his N95 mask and then conducted hand hygiene using alcohol-based hand rub (ABHR).</p> <p>At 11:20 AM, the surveyor interviewed the [redacted] Unit Manager (UM) who was made aware of the observation with the housekeeper. The UM confirmed an N95/KN95, face shield and gown should be worn with high contact patient care like changing the garbage and mopping the floor. She also confirmed that the Housekeeper should have conducted hand hygiene by stating, "Wash in/Wash out." She added that the</p>	F 880	<p>PPE Correctly for COVID-19 was provided to all staff, both Top Line and Front Line Staff.</p> <p>Nursing Home Infection Preventionist Training Course Module 7- Hand Hygiene was provided to all staff including Top Line, Front Line, and Infection Preventionist.</p> <p>Education was conducted with employees related to Infection Control which included use of PPE, hand-washing, donning and doffing of PPE, and cleaning of rooms. Individual competencies to employees were completed on 4/29/2021; including hand-washing and donning and doffing of PPE.</p> <p>The Environmental Services Director or designee will interview and observe two staff members for competency compliance regarding TBP and hand-washing every week for one month, then two staff members twice monthly for two additional months.</p> <p>The results of the observations/competency evaluation will be submitted monthly for three months to the QAPI Committee for review and to determine if further action to the plan is needed.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315488	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/27/2021
NAME OF PROVIDER OR SUPPLIER CARE ONE AT MADISON AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE 151 MADISON AVENUE MORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 12</p> <p>residents in the [redacted] were [redacted] Admissions and on [redacted] because of a potential unknown exposure. The UM also confirmed that the facility staff have been educated on the needed PPE when entering a resident's room in the [redacted].</p> <p>The surveyor then reviewed the facility Cohort Plan, with a revised date of 3/25/2021, that read under [redacted]:</p> <p>Unknown or potentially incubating: *Admits & readmits who are unknown, negative, or long recovered per above guidelines, *asymptomatic with known exposure; and, * symptomatic PUI not yet confirmed.</p> <p>Under isolation type:</p> <p>*TBP - sign on each door; separate gowns & gloves for each patient at point of use; extended use/reuse of masks and eye protection permitted. *Patients stay in room with door closed as much as possible. *May prioritize gowns for high contact care activities.</p> <p>Under PPE use:</p> <p>*Fit tested N95 or equivalent KN95, facemask if not available, eye protection, gown, gloves, per optimization of PPE & Yellow Zone PPE use *Mask on resident when staff enters Rm; mask resident if must leave Rm.</p> <p>On 4/26/21 at 3:39 PM, the surveyor interviewed the DON who confirmed that the Housekeeper should have had a gown and eye protection on in addition to the N95 and gloves he was wearing</p>	F 880			

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F 880	<p>Continued From page 13 when he was in Resident Executive On's room, and that hand hygiene should have been conducted between tasks and after he removed the gloves.</p> <p>On 4/27/21 at 9:53 AM, the surveyor reviewed the facility policy titled, Handwashing/Hand Hygiene, with a review date of 4/12/2018, and read under Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. And; 7. Use of an alcohol-based hand rub containing at least 62% alcohol; or, alternatively soap and water for the following situations: <ol style="list-style-type: none"> a. Before and after coming on duty; b. Before and after direct contact with residents; l. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; m. After removing gloves; and; n. Before and after entering isolation precaution settings. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as 	F 880			

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F 880	<p>Continued From page 14 the best practice for preventing healthcare-associated infections.</p> <p>At 11:40 AM, the surveyor reviewed the Admission Record for Resident [REDACTED] which revealed they were admitted to the facility in [REDACTED]</p> <p>The surveyor then reviewed the facility Employee Education Attendance record for the Housekeeper which revealed that on 11/23/20 he was in attendance for training on proper handwashing technique, proper PPE usage, and proper cleaning of rooms. On that same day the Housekeeper satisfactorily completed a hand washing and PPE Competency Validation. On 4/14/21, the Housekeeper participated in a training on the Updated Cohort Plan, with the objective to know which patients are included in each cohort zone, what PPE to utilize, what activity they are allowed to do, i.e., showers, visits, gym use, dining.</p> <p>N.J.A.C. 8:39-19.4</p>	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315488	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/16/2021	Y3
NAME OF FACILITY CARE ONE AT MADISON AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE 151 MADISON AVENUE MORRISTOWN, NJ 07960		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix F0880	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # _____	Completed
LSC _____	05/15/2021	LSC _____	05/15/2021	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	_____	LSC _____	_____	LSC _____	_____

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/27/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		